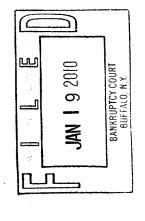
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Page: 1			Check Amount	\$610.04	Cancelled	Payment	524.45		85.59	
J-)			Paid	to Date	524.45		85.59	
) - Z	2	01/51/1			Amount	Allowed	524.45		85.59	
					Amount	Filed	524.45		85.59	
Stale Check Report		· F.	Payee	U.S. Bankruptcy Court		Claimant	MILLARD FILLMORE HOSPITAL	P.O. BOX 32280 HARTFORD, CT 06150-2280	MILLARD FILLMORE HOSPITAL	HARTFORD, CT 06150-2280
	N (521350)	05-91330 - WECZEREK, TIMOTHY F.	lssued	01/12/10	_	Check No. Filed Priority Claimant	118 02/10/09 610		136 02/10/09 640	
2/10 07:58 AM	Trustee: HAROLD P. BULAN (521350)	91330 - WECZI	Check No.	140	Cancelled		118		136	
D Printed: 01/12/10 07:58 AM	Trustee: HA.	Case:	Account No.	342-2543265-66	_	Claim No.	16		161	
Case	1-0)5-91	3 ફ () ; C	LB —		Do	c 74	Fil Doc	ed um



(*) Denotes objection to Amount Filed

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